



# Commonwealth of Massachusetts

## Department of Public Safety

### APPLICATION FOR ELEVATOR ANNUAL TEST OF SAFETY DEVICES & FIREFIGHTER SERVICE OVERTIME AT NIGHT (print version)

Send application to: Department of Public Safety, P.O. Box 3814, Boston, MA 02241-3814

Location Name					Street Address	City, State, Zip			
Owner			Owner Email Address		Street Address	City, State, Zip			
Elevator Company			Elevator Co Email Address		Street Address	City, State, Zip			
MA Elevator Contractor Registration Number									
	<u>State ID Number</u>	<u>Inspection Fee</u> *\$400	<u>Late Fee</u> **\$200	<u>SFOO</u> (Y/N)	<u>Check #</u>	<u>Receipt #</u> (DPS use only)	<u>Fire Service OT Fee</u> ***\$400	<u>Receipt #</u> (DPS use only)	<u>Total Fee</u>
1.				<input type="checkbox"/> Y <input type="checkbox"/> N					
2.				<input type="checkbox"/> Y <input type="checkbox"/> N					
3.				<input type="checkbox"/> Y <input type="checkbox"/> N					
4.				<input type="checkbox"/> Y <input type="checkbox"/> N					
5.				<input type="checkbox"/> Y <input type="checkbox"/> N					
6.				<input type="checkbox"/> Y <input type="checkbox"/> N					
7.				<input type="checkbox"/> Y <input type="checkbox"/> N					
8.				<input type="checkbox"/> Y <input type="checkbox"/> N					
9.				<input type="checkbox"/> Y <input type="checkbox"/> N					
10.				<input type="checkbox"/> Y <input type="checkbox"/> N					

The elevator units listed above will be scheduled for inspection by the Department of Public Safety. I understand that the elevators to be inspected should be pre-inspected and made ready for the state safety inspection. Elevators inspected and found in non-compliance will be issued a DPS Work Order. Unsafe Elevators will be shut down pending repair and re-inspection. All elevators issued 90 day temporary certificates, unless issued an extension, will be re-inspected 90 days from the annual test date. Failure to be ready for or pass the 90 day re-test will result in the elevator being shut down. Elevators shut down must re-apply for inspection and remain shut down with applicable additional fees.

Signature of Owner or Approved Elevator Co Rep

Date

Name of Owner or Approved Elevator Co Rep (Print Legibly)

Telephone # \_\_\_\_\_

\* Standard fee for Annual Inspection is \$400 per unit

*Mail application(s) with a non-refundable check payable to the "Commonwealth of Massachusetts" to: Department of Public Safety, P.O. Box 3814 Boston, MA 02241-3814*

\*\* A \$200 late fee will apply to all units six months past certificate expiration date

\*\*\* The fee for overtime inspection is \$400 additional

**Note:** Application fee is for the unit on behalf of owner, DPS will not issue refund if there is a loss of contract with the Service Company.